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September 22, 2003

Dear Mr. Bitz:

The attached progress notes regarding Mr. Gamez' stay at our Butler treatment site appear to speak to psychosis as the primary force that led to his violation of parole. As you can see from the notes, Mr. Gamez suffers from a myriad of symptoms related to his mental illness. It appears that the medical treatment he was receiving was not yet sufficiently controlling his symptoms. It is also noted that Mr. Gamez may be developing polydipsia. While Mr. Gamez did violate his parole, his statement that he went to his girlfriend's house because he was "freaking out" is probably related to his psychotic state.

The attached notes should help you understand what happened prior to and after his AWOL. If I can be of further service, please contact me.

Sincerely,

Raymond Grey, C.I.S.W.
Executive Director

Adults with mental illness deserve a quality lifestyle that allows for health, happiness and peacefulness

Celebrating 30 years of community service

Exhibit A

TOBY HOUSE, INC.
Phoenix, Arizona

DISCHARGE/TRANSFER REPORT

Pg 1 of 2

CLIENT NAME: Thomas Joseph Gamez CLIENT ID # : 0223800145
PROGRAM: Butler Group Home DISCHARGE ☒ TRANSFER ☐
DATE OF ADMISSION: 04/24/03 DATE OF DISCHARGE/TRANSFER: 06/13/03
FORWARDING ADDRESS: C/O Federal Bureau of Prisons
CITY: Phoenix STATE: AZ ZIP: N/A PHONE: () N/A
PSYCHIATRIST/CASE MANAGER/CLINIC ADDRESS: O'Conner/ Jaquez/ 1300 N. Central
CITY: Phoenix STATE: AZ ZIP: 85004 PHONE: (602) 2519-0650

DIAGNOSIS AT TIME OF ADMISSION:

| | | | | | |
|----------|---------------|---------|---------------------|---------|---------------|
| AXIS I | <u>295.10</u> | AXIS I | <u>304.80</u> | AXIS II | <u>V71.09</u> |
| AXIS III | <u>799.9</u> | AXIS IV | <u>legal issues</u> | AXIS V | <u>30</u> |

DIAGNOSIS AT TIME OF DISCHARGE/TRANSFER:

| | | | | | |
|----------|---------------|---------|---------------------|---------|---------------|
| AXIS I | <u>295.10</u> | AXIS I | <u>304.80</u> | AXIS II | <u>V71.09</u> |
| AXIS III | <u>799.9</u> | AXIS IV | <u>legal issues</u> | AXIS V | <u>30</u> |

REASON FOR DISCHARGE/TRANSFER: Thomas violated Federal Probation on 06/12/03 and was incarcerated on 06/12/03. He was on "Level One Restriction" and he left the Value Options 1300 N. Central without supervision and remained absent.

ASSESSMENT OF NEEDS/SKILLS AT TIME OF ADMISSION: Thomas presented a need for community adjustment Med. compliance/education: education in symptoms recognition/management; stress recognition/management to improve coping skills,

SUMMARY OF SERVICES PROVIDED: Counseling and encouragement to persist with treatment compliance by attending and participating in Outpatient and Residential groups; stress management; symptoms management; relaxation; physical activities; anger management; self awareness; Residence provided assistance with budgeting instruction; prompts; and encouragement to support treatment compliance; community adjustment; probation

ISSUES NOT RESOLVED DURING TREATMENT: Thomas' increase in symptoms (i.e. heavier smoking, increased pacing activity, auditory hallucinations, and anxiety) during second week before Q 2 weeks Prolxin IM was not resolved, BID weigh-ins had not yet resolved issue of possible polydipsia. Nicotine addiction was not resolved.

ACCOMPLISHMENTS RELATING TO THE TREATMENT PLAN: Med. compliance was consistent without prompts/reminders. Thomas' self-awareness and symptoms recognition successfully initiated an emergency psychiatric appointment on 05/21/03.

RECOMMENDATIONS FOR CONTINUING CARE PLAN: Continuing care to be provided by Federal Bureau of Prisons.

SIGNATURE: Stephen D. Davis PRINT NAME: Stephen D. Davis DATE: 6/13/03

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TOBY HOUSE, INC.
Phoenix, Arizona

COUNSELING NOTE

CLIENT NAME:
CLIENT ID #:Gomez, Thomas
0823900145DATE: 6/10/03

| | | |
|--|---|--|
| <input checked="" type="checkbox"/> Individual | <input type="checkbox"/> Family | <input type="checkbox"/> Group |
| <input type="checkbox"/> In-Office | <input type="checkbox"/> Out of Office, Location: _____ | |
| <input type="checkbox"/> Counseling | Time Value: _____ | <input type="checkbox"/> Personal Assistance |
| <input type="checkbox"/> ILS | Time Value: _____ | <input type="checkbox"/> Pre-Job Training |
| Treatment issues addressed: _____ | | |

Observed responses: It went to bed at 11:30 p.m. and got up at 5:00 a.m. to smoke then at 12:00 ate breakfast.

Plan: _____

Signature/Title/Date: Michelle Espinoza ILSS 6/10/03 ☐ Additional comments on reverseDATE: 6/11/03

| | | |
|---|---|--|
| <input checked="" type="checkbox"/> Individual | <input type="checkbox"/> Family | <input type="checkbox"/> Group |
| <input type="checkbox"/> In-Office | <input type="checkbox"/> Out of Office, Location: _____ | |
| <input checked="" type="checkbox"/> Counseling | Time Value: <u>25</u> | <input type="checkbox"/> Personal Assistance |
| <input type="checkbox"/> ILS | Time Value: _____ | <input type="checkbox"/> Pre-Job Training |
| Treatment issues addressed: <u>Spoke 1:1 w Thomas and discussed observation</u> | | |

that during last 3-4 days before IM he becomes more actively verbal and he paces at faster rate and verbalizes to self more obviously.Observed responses: He stated he was all right and that "I got a heart" now (2 weeks ago he had no heart just "pulp")Plan: Continue to monitor/supportSignature/Title/Date: SKIP DAHL ILSS 6/11/03 ☐ Additional comments on reverseDATE: 06-11-03

| | | |
|--|---|--|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Family | <input checked="" type="checkbox"/> Group |
| <input checked="" type="checkbox"/> In-Office | <input type="checkbox"/> Out of Office, Location: _____ | |
| <input checked="" type="checkbox"/> Counseling | Time Value: <u>0.5</u> | <input type="checkbox"/> Personal Assistance |
| <input type="checkbox"/> ILS | Time Value: _____ | <input type="checkbox"/> Pre-Job Training |
| Treatment issues addressed: <u>St. right</u> | | |

Observed responses: Thomas needed encouragement to participate but showed good understanding & completed his worksheet.Plan: Continue encouragement & group participationSignature/Title/Date: Uma 1st, ILSS 06-11-03 ☐ Additional comments on reverse

11/C/2/a-1

CM

TOBY HOUSE, INC.
Phoenix, Arizona

COUNSELING NOTE

CLIENT NAME: James Thomas
CLIENT ID #: 0223800145

DATE: 6-11-03 (3-11P)

| | | |
|--|---|--|
| <input checked="" type="checkbox"/> Individual | <input type="checkbox"/> Family | <input type="checkbox"/> Group |
| <input checked="" type="checkbox"/> In-Office | <input type="checkbox"/> Out of Office, Location: _____ | |
| <input type="checkbox"/> Counseling | Time Value: _____ | <input type="checkbox"/> Personal Assistance Time Value: _____ |
| <input checked="" type="checkbox"/> ILS | Time Value: _____ | <input type="checkbox"/> Pre-Job Training Time Value: _____ |
| Treatment issues addressed: <u>ILS, socialization, med compliance</u> | | |
| Observed responses: <u>Thomas was indep in ILS tasks. He</u> | | |
| <u>social briefly on + off in peers. Ct attended group</u> | | |
| Plan: <u>Cont. to goals</u> | | |
| Signature/Title/Date: <u>Jan Feltz ILS 6/11/03</u> <input type="checkbox"/> Additional comments on reverse | | |

DATE: 6/11/03 (11-7)

| | | |
|--|---|--|
| <input checked="" type="checkbox"/> Individual | <input type="checkbox"/> Family | <input type="checkbox"/> Group |
| <input type="checkbox"/> In-Office | <input type="checkbox"/> Out of Office, Location: _____ | |
| <input type="checkbox"/> Counseling | Time Value: _____ | <input type="checkbox"/> Personal Assistance Time Value: _____ |
| <input type="checkbox"/> ILS | Time Value: _____ | <input type="checkbox"/> Pre-Job Training Time Value: _____ |
| Treatment issues addressed: _____ | | |
| Observed responses: <u>Ct slept until 5:00 a.m.</u> | | |
| Plan: _____ | | |
| Signature/Title/Date: <u>Michelle Gering ILS 6/11/03</u> <input type="checkbox"/> Additional comments on reverse | | |

DATE: 6/12/03

| | | |
|--|---|--|
| <input checked="" type="checkbox"/> Individual | <input type="checkbox"/> Family | <input type="checkbox"/> Group |
| <input checked="" type="checkbox"/> In-Office | <input type="checkbox"/> Out of Office, Location: _____ | |
| <input checked="" type="checkbox"/> Counseling | Time Value: <u>.25</u> | <input type="checkbox"/> Personal Assistance Time Value: _____ |
| <input checked="" type="checkbox"/> ILS | Time Value: _____ | <input type="checkbox"/> Pre-Job Training Time Value: _____ |
| Treatment issues addressed: <u>Med compliance; ILS; nutrition; Probation compliance;</u> | | |
| <u>Benefits and Payee: it was redirected (il to payee to be'd asked</u> | | |
| <u>for "my checks" to give to (m). Federal Probation Officer Alan Zamora</u> | | |
| Observed responses: <u>Ct accepted info re: payee. & prompts to meals.</u> | | |
| <u>Ct. was transported to clinic and transferred to their supervision he went AUDI</u> | | |
| Plan: <u>Contact Federal Marshall's office if he returns here: 382-8767</u> | | |
| Signature/Title/Date: <u>SLIP DAUS ILS 6/12/03</u> <input type="checkbox"/> Additional comments on reverse | | |

11/C/2/a-1

AW

TOBY HOUSE, INC.
Phoenix, Arizona

COUNSELING NOTE

CLIENT NAME:

James Thomas

CLIENT ID #:

0223800145DATE: 6-12-03 (3-11P)

☐ Individual ☒ Family ☐ Group
☐ In-Office ☐ Out of Office, Location: _____
☐ Counseling Time Value: _____ ☐ Personal Assistance Time Value: _____
☐ ILS Time Value: _____ ☐ Pre-Job Training Time Value: _____
 Treatment issues addressed: AWOL status

Observed responses: CT currently AWOL from V.O. No contact. However, CT's (M) TC'd unaware of status & was advised.
 Plan: Contact Fed. Marshall upon ret 382-8767

Signature/Title/Date: Jim Kelly, LSS 6/12/03 ☐ Additional comments on reverseDATE: 6/12/03 (11-7)

☐ Individual ☐ Family ☐ Group
☐ In-Office ☐ Out of Office, Location: _____
☐ Counseling Time Value: _____ ☐ Personal Assistance Time Value: _____
☐ ILS Time Value: _____ ☐ Pre-Job Training Time Value: _____
 Treatment issues addressed: AWOL - no contact

Observed responses: _____

Plan: _____

Signature/Title/Date: Michelle Popiniga, LSS 6/12/03 ☐ Additional comments on reverseDATE: 6/13/03

☒ Individual ☐ Family ☐ Group
☐ In-Office ☒ Out of Office, Location: _____
☒ Counseling Time Value: 25 ☐ Personal Assistance Time Value: _____
☐ ILS Time Value: _____ ☐ Pre-Job Training Time Value: _____
 Treatment issues addressed: Federal probation violation: Thomas left V.O.

Clinic is designated supervision 6/12. Thomas was arrested at V.O. North Central & his staff there notified AZ Police

Observed responses: CT showed up on foot this AM behind Outpt. Series; he was amenable to transport to clinic for Probation 1st he missed

Plan: Discharge this date 2° probation violationSignature/Title/Date: SKIP DAVIS, LSS II 6/13/03 ☐ Additional comments on reverse

II/C/2/a-1

CWA

